| 76A663-CE806  | 11/70                | <b>APPLICA</b>                        |               | N     | <b>FOR</b>                  | EL  | ECTRICAL PERMIT   |
|---|----------------------|---------------------------------------|---------------|-------|-----------------------------|---|---|
| DEP   | ARTMENT              | OF LOS AND<br>OF COUNTY<br>AND SAFETY | ENG           | INE   | ADDRESS 276 10 Fastuals Rd. |   |   |
|   |                      | KINS, SUPERIN                         |               |       | LOCALITY                    |   |   |
|   |                      | APPLICANT TO                          |               | _     | NEAREST P. II Dr. Noith     |   |   |
| OUT   | LETS                 |                                       |               | EACH  |                             | EE  | OWNER C   |
| RECEPT  | ).                   |                                       |               | \$    | \$                          |   | MAIL /  |
| LIGHT   | TOTAL                | FIRST 20                              | 3             | .25   | i                           | 75  | ADDRESS O 98/LO   |
| SWITCH_/_   | <u>) 3</u>           | OVER 20                               |               | .10   |                             |   | CITY TEL. NO. PLAN CHECK  |
| LIGHTING  | TOTAL                | FIRST 20                              | 1             | .25   |                             | 25  | APPLICANT   |
| FIXTURES  | <i></i>              | OVER 20                               |               | .10   |                             |   | ADDRESS   |
| APPLIANCES  |                      |                                       |               |       |                             | -   | CITY TEL. NO.   |
| RANGEDRYERWTR. HTR  |                      |                                       |               |       |                             |   | APPLICANT OU Th- NEST Lio Co  |
| STA. COOK_  | DISP                 | F.A.U                                 |               |       |                             |   | ADDRESS/0456 So. VZYMON +   |
| SPACE HTRAIR COND   |                      |                                       |               |       |                             |   | CITY L. A 90044 TEL. NO.PL 428/6  |
| CLOTHES WA  | SH                   | DISHWASH                              |               |       |                             |   | LICENSE NO. 272205 CLASS C-10   |
| FANOTHER  |                      |                                       |               | 1.00  |                             |   | I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION  |
| MOTORS, TRANSFORMERS RATING IND. HEATERS, ETC. HP. KW. KVA. SIZE & TYPE OVER TO |                      |                                       |               |       |                             | AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING. |   |
| 0 - 1   |                      |                                       |               | 1.00  |                             |   | I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES OUNTY AND STATE OF  |
| M.C.I   | Let 6                | 1 – 10                                |               | 3.00  | .1                          | oc_   | CALIFORNIA OR THAT I AM THE LEGAL OWNER OF AND INTEND TO RESIDE IN, THE ABOVE PESCRIBED RESIDENTIAL PROPERTY. |
| 10 – 50   |                      |                                       |               | 5.00  |                             |   | SIGNATURE OF PERMITTEE  |
| 50 - 100  |                      |                                       | 1 0.00        |       |                             | DISTRICT NO. CLASS ZONE) PROCESSED BY   |   |
| 10  |                      | 100 - 500                             |               | 15.00 |                             |   | 12 I ROM D'UDAR   |
| SIGN, GAS   | SIGN AND ONE CIRCUIT |                                       |               | 5.00  |                             |   | NOTES:  |
| TUBE, OR<br>MARQUEE   | ADDITIONAL CIRCUITS  |                                       |               | 1.00  |                             |   |   |
| SERVICE NOT OVER 600 VOLTS OR 200 AMP   |                      |                                       | 1             | 3.00  | . 2                         | ol  |   |
| SERVICEOVER   | 600 VOLTS            | OR 200 AMP                            |               | 10,00 |                             |   | APPROVALS DATE INSPECTOR'S SIGNATURE  |
| TEMP SERVICE, POLE, & APPURTENANCES   |                      |                                       | -             | 5.00  |                             |   | TEMP. POWER POLE  |
| TEMP LIGHT OR RECEPT. SYSTEM  |                      |                                       |               | 3.00  |                             |   | UNDERSLAB WORK  |
| ZIMI ZIGITI GN NZGZI I. GIGIZIM   |                      |                                       |               |       |                             |   | ROUGH CONDIUT   |
|   |                      |                                       |               |       |                             | WIRING  |   |
|   |                      |                                       |               |       | -                           |   | FIXTURES  |
| DEBALT FEE  |                      |                                       |               |       |                             |   | POWER AUTHORIZED  |
| PLAN CHECK FEE (SUB TOTAL)  |                      |                                       |               |       |                             |   | UTILITY CO. NOTIFIED  |
|   |                      |                                       |               |       | 0                           | 08  | FINAL S/1.>>  |
| TOTAL FEE   |                      |                                       |               | 3.00  | 100                         | e   | JOSEPH C. ROOHAN SUPERVISING ELECTRICAL ENGINEER  |
|   |                      |                                       | <del></del> , | -     | 10 -                        |   |   |
| PLAN CHECK VALIDATION CK. M.O. CASH  ALO 7 9 2 4 75 AUG 28 2 A 1 0.00 M         |                      |                                       |               |       |                             |   |   |

O'Weal

| 4                          | DEPARTMENT OF COUNTY ENGINE   | FR                          |                      | ADDRES\$27610 EASTVALE DR                                      |
|----------------------------|---|-----------------------------|----------------------|--|
|                            | BUILDING AND SAFETY DIVISION  |                             |                      | LOCALITY BOLLING HILLS ESTATES COUNTY                          |
|                            |   |                             |                      | NEAREST  |
|                            | FOR APPLICANT TO FILL IN  | J                           |                      | CROSS ST.  |
|                            | (PRINT OR TYPE ONLY)  | <b>v</b>                    |                      | OWNER GLENN SHAFFER  |
| NO.                        | TYPE OF APPLIANCE OR EQUIPMENT  | FE                          | EE                   | MAIL<br>ADDRESS  |
|                            | ABSORPTION UNIT, BTU  |                             |                      | CITY TEL. NO.  |
|                            | AIR HANDLING UNIT, CFM  |                             |                      | CONTRACTOR KINNEY AIR CONDITIONING ADDRESS 1441 S ANAHEIM BLVD |
|                            | BOILER, BTU   | 5                           | 00                   | CITY TEL. NO,  |
| 1                          | COMPRESSOR, BTU 48M   | 6                           | 5                    | STATE ANAHEIM 774-8120   |
|                            | VENTILATION SYSTEM  |                             |                      | DISTRICT NO. 158688 CLASS C20                                  |
|                            | EVAPORATIVE COOLER  |                             |                      | 12 [ DOM 07)00   |
|                            | FURNACE: FAUGRAVITY<br>FLOORBTU   |                             |                      | INSPECTION RECORD  |
|                            | HEATER: SUSPENDEDUNIT<br>WALL   |                             |                      |  |
|                            |   | -                           |                      |  |
|                            |   |                             |                      |  |
|                            |   |                             |                      |  |
| Plan                       | check fee 25% of above. See reverse.  | 3                           | 00                   |  |
| PERMIT ISSUING FEE \$ 3 PP |   |                             | 95                   |  |
|                            | TOTAL FEE   | 10                          | -00-                 |  |
| PLAN CHECK APPLICANT 8.00  |   |                             |                      |  |
| NAME                       | <b>E</b>  |                             |                      |  |
| A DDF                      | RESS  |                             |                      |  |
| CITY                       | TEL.NO.   |                             |                      |  |
| WITH                       | RERBY ACKNOWLEDGE THAT I HAVE READ THIS A<br>TATE THAT THE ABOVE IS CORRECT AND AGREE<br>ALL ORDINANCES AND LAWS REGULATING HEATI<br>G, AIR CONDITIONING. | PPLICA<br>TO COM<br>ING, VE | TION<br>IPLY<br>NTI- | APPROVALS DATE 'INSPECTOR'S SIGNATURE                          |
| i                          | HEREBY CERTIFY THAT I AM NOT ACTING IN  | VIOLA                       | TION                 | ROUGH S/123  |
| CODE                       | APTER 9, DIVISION 3, OF THE BUSINESS AND PRO<br>OF THE STATE A CALIFORNIA.  | FESSIC                      | DNAL                 | FINAL  |
| OF P                       | PERMITTER LIGHTON DIN   |                             |                      | PERMIT VALIDATION ( M.o. cash                                  |

into 8 1 4 2 75 SEP 5 4 1 A 8.00 8

PLAN CHECK VALIDATION